

Award Number: W81XWH-09-1-0740

TITLE: The Soldier Medic Mettle Study

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REPORT DATE: October 2012

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
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REPORT DOCUMENTATION PAGE				Form Approved OMB No. 0704-0188	
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1. REPORT DATE OCTOBER 2012		2. REPORT TYPE ANNUAL		3. DATES COVERED 30September2011–29September2012	
4. TITLE AND SUBTITLE The Soldier Medic Mettle Study				5a. CONTRACT NUMBER	
				5b. GRANT NUMBER W81XWH-09-1-0740	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S) Charles R. Figley, PhD E-Mail: Figley@tulane.edu				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
Tulane University New Orleans, LA 70223-5406				8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012				10. SPONSOR/MONITOR'S ACRONYM(S)	
				11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION / AVAILABILITY STATEMENT Approved for Public Release; Distribution Unlimited					
13. SUPPLEMENTARY NOTES					
14. ABSTRACT The third year of this project has been the most difficult with the loss of the overall PI and military contact, LTC David Cabrera. Dr. Figley and Dr. Cabrera initiated the study proposal in September 2008. Since that date until his death in combat at the end of October 2011, we made all decisions regarding the qualitative research component. He was our primary link and coordination with the quantitative team lead by Dr. Paula Chapman and spent considerable energy in coordinating the two teams. Dr. Cabrera chain of command at the time of his death was Dr. Unwin, who agreed to step in as overall PI. Efforts to help Unwin get up to speed on the project reduced significantly the momentum of the project. Although an excellent physician, the new overall PI lacked the insight and experiences of the previous PI. Eventually, everything began to come together with the acquisition of two addition research team members, Wade Kordrin (former US Army captain) as a research assistant and Richard Adams, PhD, a sociologist and scale development specialist from Kent State. The no-cost extension of the study for another year will provides an opportunity to make up for the loss of time from the loss of LTC Cabrera. The Qualitative Team will utilize the combined data from the Quantitative Team to study the responses of the 100 or so who completed the Medic Mettle Scale (MMS) and how they appeared to perform on the standard behavioral health instruments and how they relate to their responses on the MMS. Our goal is to use the data of the responses to reduce the scale to less than 20 items but with an excellent psychometric profile to make the Scale highly useable for selecting and guiding combat medics.					
15. SUBJECT TERMS					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT UU	18. NUMBER OF PAGES 5	19a. NAME OF RESPONSIBLE PERSON USAMRMC
a. REPORT U	b. ABSTRACT U	c. THIS PAGE U			19b. TELEPHONE NUMBER (include area code)

Third Annual Report for the Medic Mettle Study – Qualitative Research Team

INTRODUCTION

The final year of this three-year funded study included a coming together of the various efforts to understanding combat medics and understand and appreciate the protective factors that enable them to be resilience in the face of extraordinary and conflicting demands. The Quantitative Research Team based in Tampa was facilitating considerable discussion regarding the quantitative findings. Numerous papers have emerged for publication and will continue to do so. This report will note the current status of the study and outline the plans for completing the project with a one-year extension without additional funding.

YEAR IN REVIEW

In September of 2011 recently promoted LTC David Cabrera was sent to Afghanistan as part of the [fill in here]. He turned over responsibility of the study's military PI to Navy CPT Bruce Unwin during his deployment. He was working on several publications while deployed. See below for the publication list. On the morning of October 29, a Taliban suicide bomber rammed a vehicle loaded with explosives into an armored NATO bus on Oct. 29 on a busy thoroughfare in Kabul, killing 17 people, including a dozen Americans that included LtC Cabrera, It was the deadliest strike against the U.S.-led coalition in the Afghan capital since the war began.

The author was notified of this tragic death the same day. CPT Unwin left a message at the author's office informing him that Unwin was taking charge of the study as a result of Dr. Cabrera's death. There has been a cascade of changes since October that have slowed the progress of this study.

Yet, despite tragic setback, the Project has soldiered on and made progress on most of its goals and deliverables and expect to publish numerous articles, chapters, and at least one book. This was especially challenging as the project leaders struggled to move through the grief process.

It was necessary to replace Dr Cabrera with Dr. Unwin as PI and go about the process of working together, all three sites, as Dave would have us do and we did.

Interpersonally and systemically the research team as a whole were required to review the current progress on data collection, analysis, and reporting at meetings and in publications. This resulted in a number of changes including a comprehensive list of IRB modifications.

Specific to our qualitative team, we recruited Wade Kodrin, former US Army captain and Iraq war veteran, and Richard Adams, an associate professor of sociology at Kent State. Kordrin will help to supplement the knowledge of the Army and a the war theater lost with Dr. Cabrera's death. Dr. Adams, a frequent co-author with the PI on trauma and stress research papers, will guide the final element of the study: developing the final version of the Medic Mettle Scale.

Plans for Completing the Study in 2013

Collecting data from the sample specific to the Medic Mettle Scale in cooperation with the Quantitative Team based in Tampa. If plans are approved and succeed, we will have data on at least 300 out of the 850 combat medics that will enable us to complete the necessary psychometric analysis of the scale to (a) reduce its size to 20 or fewer items; (b) have excellent estimated reliability and validity scores; (c) be capable of account for significant variance in key behavioral health variables, and; (d) lead to innovations and improvements in combat medic screening, education, training, and supervision.

Transforming transcripts of the interviews continue with Barbara Pitts stepping in to complete Dr. Cabrera's tasks. There are 16 video interviews that have been carefully analyzed using a new method developed specifically for this study.

The Coming quarter should be easier and represent even more productivity noted above. Many of the papers in press will be released then. The two qualitative papers will be submitted and perhaps accepted for publication. We will have all of the transcripts for use in searching key words derived from survey findings.

The Qualitative Team will utilize the combined data from the Quantitative Team to study the responses of the 100 or so who completed the Medic Mettle Scale (MMS) and how they appeared to perform on the standard behavioral health instruments and how they relate to their responses on the MMS. It may be possible to estimate the reliability and validity of the MMS using these data, for example. Of greatest interest is to be able to build a theoretical model of medic mettle (resilience) and to determine the factors shown to be protective (building resilience) or stressors (challenging resilience). We believe that these factors are at play at the time of traumatic stress injury and mobilize in some way to overcome and self-rehabilitate the injury and avoid the development of an illness that is more difficult to treat and prevent.

We sought and secured an no-cost extension of the project to permit additional analysis of the Medical Mettle Scale using the data available from the annual surveys. The additional time will also enable us to complete the book on combat medics and other publications emerging.

SCHOLARLY PRODUCTIVITY

We continue to plan and produce scholarly papers and presentations. Below are a list of publications and presentations inspired by this study to the memory of LTC Cabrera.

JOURNAL ARTICLES:

The team as a whole published the first paper using survey data and will be sent to you by Dr. Chapman as part of her report:

Chapman, P. L., Baker, M. Cabrera, Varela-Mayer, C., Elnitsky, C., Figley, C., Thurman, R. M. Mayer, P. (in press, 2012). Mental Health and Stigma and Barriers to Care: Key Findings from U.S. Army Combat Medics Deployed with Line Units. *Military Medicine*.

I published several papers that were informed by this study, though none discussed the study data:

1. Figley, C. R. (in press 2012). Traumatology of Life. *Journal of Nervous and Mental Disease*.
2. Boscarino, J. & Figley, C. R. (in press, 2012). Our Understanding of the Neurobiology of Fear in the Emergence of the Psychobiology of PTSD: Commentary on Blanchard. *Journal of Nervous and Mental Disease*.
3. Figley, C. R. (2012). The Philosophical Analysis of a Psychological Stance: A review of *In Defense of Shame: The Faces of an Emotion* by Julian A. Deonna, Raffaele Rodogno, and Fabrice Teroni. NY: Oxford University Press. 2011, 168 pp. ISBN: 987-0-19-979353-2. PsycCRITIQUE (Contemporary Psychology: APA Review of Books).
4. Boscarino, J. A., Kirchner, H. L., Hoffman, S. N., Sartorius, J., Adams, R. E., and Figley, C. R. (2012, in press). Predicting Future PTSD using a Modified New York Risk Score: Implications for Patient Screening and Management. *Minerva Psichiatrica*.
5. Boscarino, J. A., Kirchner, H. L., Hoffman, S. N., Sartorius, J., Adams, R. E., and Figley, C. R. (2011). A Brief Screening Tool for Assessing Psychological Trauma in Clinical Practice: Development and Validation of the New York PTSD Risk Score. *Gen Hosp Psychiatry*. [on line edition July 20, 2011]
6. Boscarino, J. A., Adams, R. E. & Figley, C. R. (2011). Mental Health Treatment Services after the World Trade Center Disaster: Utilization Trends and Comparative Effectiveness Findings, *Journal of Nervous and Mental Disease*, 199:2, 91-99.

CHAPTERS:

1. Russell, MC & Figley, CR (in press, 2012) Combat Operational Stress and Behavioral Health. In Bret A. Moore & Jeff Barnett (Ed.) *Military Psychologists' Desk Reference*. NY: Oxford University Press.
2. Cabrera, D., Figley, C. R., Jarvis, J., & Cox, D. (in press, 2012). The Warrior's Family. In N. D. Ainspan & W. Penk (Eds.), *When the Warrior Returns: Making the Transition at Home*. Washington, DC: Navy Institute Press.
3. Abendroth, M. & Figley, C. R. (in press, 2012). Vicarious Traumatization and Empathic Discernment: Maintaining Healthy Boundaries. In D. Murphy, S. Joseph, and B. Harris (Eds.), *Trauma, Recovery, and the Therapeutic Relationship: Putting the therapeutic relationship at the heart of trauma therapy*. London: Taylor & Francis.
4. Cabrera, D., Figley, C. R. & Yarvis, J. S. (2012). Helping the combat medic and corpsman: Adapting to both primary and secondary traumatic stress down Range and Beyond. In J. Beder (Ed.) *Advances in Social Work Practice with the Military*, pp 106-118. NY: Routledge.
5. Figley, C. R. & Beder, J. (2012). The cost of caring requires self care. In J. Beder (Ed.) *Advances in Social Work Practice with the Military*, pp. 278-286. NY: Routledge.
6. Cabrera, D., Figley, C. R., Jarvis, J., & Cox, D. (2012). The Warrior's Family. In N. D. Ainspan & W. Penk (Eds.), *When the Warrior Returns: Making the Transition at Home*. Washington, DC: Navy Institute Press.
7. Abendroth, M. & Figley, C. R. (in press, 2012). Vicarious Traumatization and Empathic Discernment: Maintaining Healthy Boundaries. In D. Murphy, S. Joseph, and B. Harris (Eds.), *Trauma, Recovery, and the Therapeutic Relationship: Putting the therapeutic relationship at the heart of trauma therapy*. London: Taylor & Francis.

BOOKS:

I completed a book that included knowledge gained by understanding military combat medicine generally and in particular combat corpsmen attached to Marine units, who are very similar to Army combat medics:

Russell, M. C. & Figley, C. R. (in press 2012). *Treating Traumatic Stress Disorders in Military Personnel: Practitioner's Guide to EMDR*. NY: Routledge.

I published a book that included several items about military, combat, medical personnel stress, and trauma relevant to this study:

Figley, C. R. (Ed.) (2012). *The Encyclopedia of Trauma: Interdisciplinary Guide*. Thousand Oaks, CA: Sage Reference.

PRESENTATIONS:

1. Figley, C. R. (2012). Adapting to Violent Death: The Case of the Combat Medic. Keynote address to the Office of Victim Assistance, US Department of Justice, New Orleans, May 4.
2. Figley, C. R. (2011). Pioneers of Trauma. Invited keynote address and panel, International Society for Traumatic Stress Studies, Baltimore, November 3.
3. Figley, C. R., Cabrera, D., Chapman, P., Pitts, B. (2011). Saving Not Taking Lives: Measuring Combat Medic Mettle. Refereed paper presented at the International Society for Traumatic Stress Studies, Baltimore, November 4.
4. Figley, C. R. (2011). Compassion Fatigue in the Service of Children Exposed to Violence: Making Sure Your Mask is Secure Before Helping Others. Invited keynote at the Defending Childhood Conference, Cleveland, Ohio, September 22.